

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 12 PM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000-0

DOCUMENT # L 99000007217

1. Limited Liability Company's Name

TURNBULL VENTURES I, LLC

2. Principal Office Address

3772 W. COLONIAL DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32808

Country

ORANGE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/29/1999

6. FEI Number

59-3607665

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HUMPHRIES, J. GREGORY ESQ

Street Address (P.O. Box Number is Not Acceptable)

C/O SHUTTS + BOWEN, LLP 300 S. ORANGE AVE

Suite, Apt. #, Etc.

#1000

City

ORLANDO

State

FL

Zip Code

32801

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

J. Humphries

REGISTERED AGENT MUST SIGN

Date 12/21/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DONALD C. MEALEY	3772 W. COLONIAL DR	ORLANDO, FL 32808
MGRM	W. WARNER PEACOCK	3772 W. COLONIAL DR	ORLANDO, FL 32808
			500003855965-9 -03/16/01--01059-022 ****150.00 ****150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

W. Warner Peacock

Date 12/21/00

Daytime Phone #407 622-8864

Typed or printed name of signing Managing Member/Manager

W. WARNER PEACOCK